

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE							
							APPLICANT(S)								
CLAIMS															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			*			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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19	<div style="font-size: 2em; font-family: cursive;"> Jeanne Z </div>						69								
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TOTAL IND.	3	↓	3		2	↓	TOTAL IND.		↓		↓		↓		↓
TOTAL DEP.	17		17		16		TOTAL DEP.								
TOTAL CLAIMS	20		20		18		TOTAL CLAIMS								

* FOR ADDITIONAL CLAIMS OR ADAMENDMENTS

FORM PTO-1360 (REV. 3-78)

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